

CHECKLIST FOR FMLA LEAVE

Employee's Name: _____ Department _____

FMLA Qualifying Condition _____

Separate notification may be required for each FMLA qualifying condition.

	Action Item	Responsible Person	Date Completed
1	Provide FMLA Policy to all Employees (Employee Handbook, policy updates, etc.)	Supervisor	See Employee signoff for policy/handbook
2	Notification of FMLA Leave to Supervisor/Payroll Officer (Either through Request for Leave or conversation with Supervisor)	Employee	
3	Review FMLA eligibility (1,250 hours worked & employed 12 months with County), insurance benefits, available balances, and reporting requirements	Payroll Officer/HR	
4	Within 5 days of Step 2 provide FMLA First Notice: Notice of Eligibility and Rights and Responsibilities to Employee	Payroll Officer/HR	
5	Submit completed Certification or other documentation by date indicated on First Notice.	Employee	
6	If utilizing unpaid FMLA leave, submit a Personnel Action , if applicable.	Department Head	
7	Within five days of sufficient information, provide FMLA Second Notice: Designation Notice to Employee (provide copy of written classification if fitness-for-duty certification is required)	Payroll Officer/HR	
8	Mark dates in calendar for follow-up (insurance payment due dates, return to work, change of pay status, dates of contact, etc.)	Payroll Officer/HR/Supervisor	
9	Document on Monthly Insurance Report change to self-pay status or Employee's failure to self-pay premium, if applicable	Insurance Group Representative	
9a	Provide Insurance Termination Notice , if applicable	Commissioners' Office	
10	Provide Fitness-for-Duty Certification from physician for employee's serious health condition	Employee	
11	Reinstate all benefits	Supervisor/Payroll Officer/HR	
12	Additional Requirements:		